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SERIAL NO. FILING DATE **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET** APPLICANT(S) (FOR USE WITH FORM PTO-875) CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. (16) TOTAL IND. Ţ TOTAL IND. _1 _1 TOTAL DEP. TOTAL DEP. * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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